Y BLANK	
PLEASE TYPE OR PRINT	Entered previous May Show
✓Ms. □ Mr. Artist G/NNA	yes no BRAND (Last Name Last)
	GOMERY RD SHAKE
44/12 Tel.() Zip Area Code	921-1424
Temporary Address	
Street	City
Tel. ()	
Zip Area Code	
Permanent address is in what count	Y? CUYAHOGA
Born in Cuyahoga County	s 🔯 No
Collaborator (If Any)	
If May Show entries are not accepted. Artist will pick up at Museum. Museum should dispose of. Museum should ship to artist C.	
ARTIST UNDERSTANCE THAT THE A	
FOR DAMAGE TO OBJECTS SUBMET	AND DESCRIPTION OF THE PROPERTY OF THE PARTY
Special Instructions When necessary include below institute object is to be assembled and d	uctions or a drawing of how
STORE P	

THE RETURNED CARD IS YOUR ONLY RECEIPT TO CLAIM YOUR ENTRIES. Do not lose it.

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain or exhibition until June 15, 1975.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature_

ENTRY BLA	NKS					
1 1		intings 2. Grap				
Medium or Materi						
Title MODEL	FOR	PRECIOUS I	PAF	PER QU	ILT #	3
Price or NFS 8 250		ince Value S Only	si:	っ フシャ	68 2	1
	GRA	PHICS AND PHOTOGR	RAPH	YONLY		
Additional No. Fo	r Sale	Total No. in Edition	ALCOHOLD BOOK	rice Inframed	Price of Frame	BS
DO NOT W	RITE II	THIS SECTION	AC	CEPTED	REJECTE	D
703 (1)			-	PAID PAID		
		intings 2. Graphulpture 5. Electronic 6. Electronic 7. Electronic 7				
Medium or Materia		TE			4.8	
Title SKETCH	FOR	PRECIOUS P	AP	ER QU	ILT	
Price Framed or NFS		nce Value S Only	Siz	" '/ X	14	
	GRAI	PHICS AND PHOTOGR				
Additional No. Fo	r Sale	Total No. in Edition		Price Unframed	Price Fram	
		THIS SECTION	AC	CSPTED	REJECTE	D.
70		1-1		1		

DO NOT DETACH

1975 MAY SHOW
The Cleveland Museum of Art
Cleveland, Ohio, 44106

Dates for Pick-up of Objects

Museum Service Entrance 3:30 a.m. to 4:30 p.m., Monday through Saturday

Rejected Objects
April 14 through April 26

Accepted Objects

June 23 through June 28

It is understood that the Museum will have the right to dispose for its own account any object not called for by the dates listed.

Please keep address within this box for window envelope.

Name	GINNA BRAND
Address	2995 MONTGOMERY RD
City & State	SHAKER HTS OHIO ZID 44/22

PLEASE TYPE OR PRINT.

This is the label that will be used to mail your notification of acceptance or rejection.

ACCEPTANCE OR REJECTION NOTICE

This is your only receipt to claim your obj will be mailed to you following judging.	ect(s). This not	titication				
RECEIVED String	NOT DET					
	☐ 1. Paintings ☐ 2. Graphics ☐ 3. Photography ☐ 4. Sculpture ☐ 5. Electric ☐ 6. Crafts					
Medium or Materials						
GRAPHITE-GEL ON PAPER						
Title MODEL FOR PRECIOUS PA	PER QUIC	r [#] 3				
DO NOT WRITE IN THIS SECTION	ACCEPTED					
	- 1/					
DO NOT DETACH						
RECEIVED ComaBrand						
☐ 1. Paintings ☑ 2. Graphics ☐ 3. Photography ☐ 4. Sculpture ☐ 5. Electric ☐ 6. Crafts						
Medium or Materials						
GRAPHITE Title						
SLETCH FOR PRECIOUS P	APER OL	ILT				
DO NOT WRITE IN THIS SECTION	ACCEPTED	of the last of the				